


HCV in Children


Testing

Recommendations for HCV Testing of Perinatally Exposed Children and Siblings of Children With HCV Infection

RECOMMENDED	RATING 
All children born to HCV-infected women should be tested for HCV infection. Testing is recommended using an antibody-based test at or after 18 months of age.	I, A
Repetitive HCV RNA testing prior to 18 months of age is not recommended.	III, A
Children who are anti-HCV positive after 18 months of age should be tested with an HCV-RNA assay after age 3 to confirm chronic hepatitis C infection.	I, A
The siblings of children with vertically-acquired chronic HCV should be tested for HCV infection, if born from the same mother.	I, C


Transmission and Prevention

Recommendations for Counseling Parents Regarding Transmission and Prevention in Children with HCV Infection

RECOMMENDED	RATING 
Parents should be informed that hepatitis C is not transmitted by casual contact and, as such, children with HCV infection do not pose a risk to other children and can participate in school, sports, and athletic activities, and engage in all other regular childhood activities without restrictions.	I, B
Parents should be informed that universal precautions should be followed at school and in the home of children with HCV infection. Educate families and children about the risk and routes of HCV transmission, and the techniques for avoiding blood exposure, such as avoiding the sharing of toothbrushes, razors, and nail clippers, and the use of gloves and dilute bleach to clean up blood.	I, B


Monitoring and Medical Management

Recommendations for Monitoring and Medical Management of Children With HCV Infection

RECOMMENDED	RATING 
Routine liver biochemistries at initial diagnosis and at least annually thereafter are recommended to assess for disease progression.	I, C
Appropriate vaccinations are recommended for children with chronic HCV infection who are not immune to hepatitis B virus and/or hepatitis A virus to prevent these infections.	I, C
Disease severity assessment via routine laboratory testing and physical examination, as well as use of evolving noninvasive modalities (ie, elastography, imaging, or serum fibrosis markers) is recommended for all children with chronic HCV infection.	I, B
Children with cirrhosis should undergo hepatocellular carcinoma (HCC) surveillance and endoscopic surveillance for varices per standard recommendations.	I, B
Hepatotoxic drugs should be used with caution in children with chronic HCV infection after assessment of potential risks versus benefits of treatment. Use of corticosteroids, cytotoxic chemotherapy, and/or therapeutic doses of acetaminophen are not contraindicated in children with chronic HCV infection.	II, C
Solid organ transplantation and bone marrow transplantation are not contraindicated in children with chronic HCV infection.	II, C
Anticipatory guidance about the potential risks of ethanol for progression of liver disease is recommended for adolescents with chronic HCV infection and their families. Abstinence from alcohol and interventions to facilitate cessation of alcohol consumption, when appropriate, are advised for all persons with chronic HCV infection.	I, C

Whom and When to Treat Among Children and Adolescents With HCV Infection


Recommendations for Whom and When to Treat Among Children and Adolescents With HCV Infection

RECOMMENDED	RATING 
Direct-acting antiviral (DAA) treatment with an approved regimen is recommended for all children and adolescents with HCV infection aged ≥ 3 years as they will benefit from antiviral therapy, regardless of disease severity.	I, B
The presence of extrahepatic manifestations—such as cryoglobulinemia, rashes, and glomerulonephritis—as well as advanced fibrosis should lead to early antiviral therapy to minimize future morbidity and mortality.	I, C

HCV Antiviral Therapy for Children and Adolescents, Without Cirrhosis or With Compensated Cirrhosis (Child-Pugh A)

Recommended regimens listed by pangenotypic, evidence level and alphabetically for

Treatment-Naïve or Interferon-Experienced Children and Adolescents Without Cirrhosis or With Compensated Cirrhosis^a


RECOMMENDED	DURATION	RATING 
Combination of glecaprevir/pibrentasvir (weight-based dosing; see Table 1) for children aged ≥ 3 with any genotype ^b	8 weeks	I, B
Combination of sofosbuvir/velpatasvir (weight-based dosing; see Table 2) for children ≥ 3 of age with any genotype	12 weeks	I, B
Combination of ledipasvir/sofosbuvir (weight-based dosing; see Table 3) for children aged ≥ 3 years with genotype 1, 4, 5, or 6	12 weeks	I, B

^a Child-Pugh A

^b A longer duration of therapy (ie, 16 weeks) may be needed for genotype 3 interferon-experienced patients.

Recommended regimens listed by pangenotypic, evidence level and alphabetically for

DAA-Experienced Children and Adolescents, Without Cirrhosis or With Compensated Cirrhosis^a

RECOMMENDED	DURATION	RATING 
Genotype 1, 2, 4, 5, or 6: Daily fixed-dose combination of glecaprevir (300 mg)/pibrentasvir (120 mg) for adolescents aged ≥ 12 years or weighing ≥ 45 kg with prior exposure to an interferon-based regimen (\pm ribavirin) and/or sofosbuvir but no exposure to NS3/4A or NS5A protease inhibitors, without cirrhosis	8 weeks	I, C
Genotype 1, 2, 4, 5, or 6: Combination of glecaprevir/pibrentasvir (weight-based dosing; see Table 1) with prior exposure to an interferon-based regimen (\pm ribavirin) and/or sofosbuvir but no exposure to NS3/4A or NS5A protease inhibitors, with compensated cirrhosis ^a	12 weeks	I, C
Genotype 3: Combination of glecaprevir/pibrentasvir (weight-based dosing; see Table 1) with prior exposure to an interferon-based regimen (\pm ribavirin) and/or sofosbuvir but no exposure to NS3/4A or NS5A protease inhibitors, without cirrhosis or with compensated cirrhosis ^a	16 weeks	I, C
Genotype 1- 6: Combination of glecaprevir/pibrentasvir (weight-based dosing; see Table 1) with prior exposure to NS3/4A protease inhibitors but no NS5A inhibitor exposure, without cirrhosis or with compensated cirrhosis ^a	12 weeks	I, C
Genotype 1- 6: Combination of glecaprevir/pibrentasvir (weight-based dosing; see Table 1) with prior exposure to an NS5A inhibitor but no NS3/4A protease	16 weeks	I, C

Recommended regimens listed by pangenotypic, evidence level and alphabetically for

DAA-Experienced Children and Adolescents, Without Cirrhosis or With Compensated Cirrhosis^a

inhibitor exposure, without cirrhosis or with compensated cirrhosis ^a		
Genotypes 1-6: Combination of sofosbuvir/velpatasvir (weight-based dosing; see Table 2) with prior exposure to an interferon-based regimen (\pm ribavirin) and/or sofosbuvir but no exposure to NS3/4A or NS5A protease inhibitors, without cirrhosis or with compensated cirrhosis	12 weeks	I, C
Genotypes 1-6: Combination of sofosbuvir/velpatasvir (weight-based dosing; see Table 2) with weight-based ribavirin (see Table 4) with prior exposure to an interferon-based regimen (\pm ribavirin) and/or sofosbuvir but no exposure to NS3/4A or NS5A protease inhibitors, with decompensated cirrhosis	12 weeks	I, C
Genotype 4, 5, or 6: Combination of ledipasvir/sofosbuvir (weight-based dosing; see Table 3) for children and adolescents aged ≥ 3 years with prior exposure to an interferon (\pm ribavirin) plus an HCV protease inhibitor regimen, without cirrhosis or with compensated cirrhosis ^a	12 weeks	I, C
Genotype 1: Combination of ledipasvir/sofosbuvir (weight-based dosing; see Table 3) for children and adolescents aged ≥ 3 years with prior exposure to an interferon (\pm ribavirin) plus an HCV protease inhibitor regimen, without cirrhosis	12 weeks	I, C
Genotype 1: Combination of ledipasvir/sofosbuvir (weight-based dosing; see Table 3) for children and adolescents aged ≥ 3 years with prior exposure to an interferon (\pm ribavirin) plus an HCV protease inhibitor regimen, with compensated cirrhosis ^a	24 weeks	I, C

^a Child-Pugh A

Table 1: Weight-Based Dosing of Glecaprevir/Pibrentasvir for Children Aged ≥ 3 Years of Age

Body Weight	Once Daily Dose of Glecaprevir/Pibrentasvir
<20 kg	150 mg/60 mg
≥ 20 kg to <30 kg	200 mg/80 mg
≥ 30 kg to <45 kg	250 mg/100 mg
45 kg and greater or 12 years of age and older	300 mg / 120 mg / day

Table 2: Weight-based dosing for sofosbuvir/velpatasvir fixed dose combination in children ≥ 3 years of age

Body Weight	Once Daily Dose of Sofosbuvir/Velpatasvir
< 17 kg	150 mg/37.5 mg
17 - < 30 kg	200 mg/50 mg
≥ 30 kg	400 mg/100 mg

Table 3: Weight-Based Dosing of Ledipasvir/Sofosbuvir for Children Aged ≥ 3 Years

Body Weight	Once Daily Dose of Ledipasvir/Sofosbuvir
<17 kg	33.75 mg/150 mg
17 to <35 kg	45 mg/200 mg
≥ 35 kg	90 mg/400 mg per day

Table 4: Weight-Based Dosing of Ribavirin for Children Aged ≥ 3 Years

Body Weight	Daily Dose of Ribavirin (divided AM and PM)
<47 kg	15 mg/kg
47 to 49 kg	600 mg
50 to 65 kg	800 mg
66 to 80 kg	1000 mg
>80 kg	1200 mg

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